

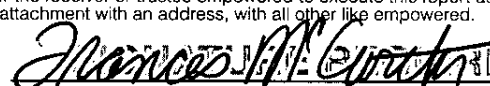


2004
~~2003~~ **NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000006573				FILED 04 JUL 22 PM 4:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CLASSIC CHEVY CAR CLUB, INC.					
Principal Place of Business 3196 EL CANO LANE CANTONMENT FL 32533		Mailing Address 3196 EL CANO LANE CANTONMENT FL 32533		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2965819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCARTHY, FRANCES 3196 EL CANO LANE CANTONMENT FL 32533				Name	
				Street Address (P.O. Box Number is Not Acceptable) 300039529778	
				City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIES, HERB		NAME		
STREET ADDRESS	3196 EL CANO LANE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, JIM		NAME		
STREET ADDRESS	3196 EL CANO LANE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIES, SEDRA		NAME		
STREET ADDRESS	3196 EL CANO LANE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, FRANCES		NAME		
STREET ADDRESS	3196 EL CANO LANE		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DATE: 6-30-04		Daytime Phone #: 850-937 0916	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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CR2E037 (10/02)